

HHS Region IX and Region VIII (Utah) Tribal Consultation

Executive Summary

The 2011 HHS Region IX and Region VIII (Utah) Tribal Consultation was held March 10, 2011, in Las Vegas, Nevada. The primary purpose of the consultation was to allow Tribal leaders to discuss programmatic issues and overall concerns of Tribes at the local level with U.S. Department of Health and Human Services (HHS) officials, regional directors, and state participants. The regional consultation session also provided an opportunity for Tribes to hear updates from HHS, discuss the updated HHS Tribal Consultation Policy, provide testimony and/or comments on topics of interest, and pose questions on issues that concern Tribal communities and members.

Chairman Arlan Melendez, Reno-Sparks Indian Colony; Herb Shultz, Regional Director, HHS Region IX; and Marguerite Salazar, Regional Director, HHS Region VIII, served as co-facilitators. The consultation began with welcoming remarks, an opening prayer, and participant introductions. After Stacey Ecoffey, Principal Advisor for Tribal Affairs, HHS Office of Intergovernmental Affairs, addressed key revisions in the new HHS Tribal Consultation Policy; shared current activities surrounding the Affordable Care Act (ACA); provided highlights of the President's proposed FY 2012 budget; and discussed the role of the Secretary's Tribal Advisory Committee (STAC), the group moved into the session: *HHS Consultation Policies: 2010 vs. 2011 and Beyond - Open Discussion/Dialogue*. During this session, Tribal leaders and stakeholders heard and responded to HHS officials on the HHS 2010 Regional Tribal Consultation Reports, STAC, and ACF Consultation Policy. Attendees also received an overview of Arizona's Tribal Consultation Policy. Among the Tribal priorities that resulted from the discussion included the following:

1. Improving ACF's relationship and communication with Tribes.
2. Implementation of the ACF Tribal Consultation Policy.
3. Review of all grants provided through HHS in terms of Tribes' eligibility, access to information, technical assistance, and expanded services across agencies.
4. Improving states' consultation with Tribes.
5. HHS government officials and regional directors visiting Tribal lands.
6. Updating Mr. Shultz's database of Tribal contacts to ensure dissemination of information.
7. Addressing national issues presented in 2010: funding, Children's Health Insurance Program (CHIP), Medicaid, Medicare outreach; and unemployment on reservations.
8. Addressing regional issues presented in 2010: diabetes education, HHS grant applications, communications, behavioral health, infrastructure funding, contract health care, and Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance.
9. Using the Native American Affairs Advisory Committee (NAAAC) to work collaboratively across HHS programs to better serve Tribes.
10. Participation of social service directors at consultations.

Before recessing for lunch, Tribal leaders provided comments and testimony during the *Tribal Leaders Roundtable: New and Emerging Issues/Testimony Facilitators: Tribal and HHS Officials* session. Highlights of the comments, suggestions, and requests included the following:

- Concerns about small Tribes' ability to be heard and Tribes' general ability to compete against states for funds.
- Request for more funding to strengthen IHS facilities and an increase in funding for the Contract Health Service (CHS) program.
- Request for increased funding for mental health, alcohol, and substance abuse programs in Indian Country, as well as prevention dollars.
- Concern about the healthcare of Tribes in California and the lack of vital healthcare resources.
- Concern about IHS facilities funding; and the double impacts of health cuts to IHS and to CMS Medicaid AHCCCS.
- Request for a serious conversation about Tribes being the 51st state.
- Request that Region IX address issues brought up regarding using Tribal dollars for immigrant issues.
- Continued support for Head Start funding.
- Need for a memorandum of agreement (MOA) between the Veterans Administration (VA) and local Tribes.
- Concern that funding for information technology (IT) needs was not distributed equally.
- Regarding Section 157 of the Indian Health Care Improvement Act (IHCIA), feeling that implementation needs to be prioritized to have Tribes ready to enter the program.
- Suggestion that Nevada, California, and Arizona develop a paper to substantiate their issues.
- Request for leeway in regards to "Priority 1."
- Concern about transportation needs, EMS transportation funding, and condition of roads.
- Concern that dollars are based on "user population" rather than "use of services."
- Concerns about the identification required to receive medical services (especially for elders living in remote villages and urban Indians in Nevada).
- Request to bill directly to the Federal government for Medicaid instead of going through states.

The afternoon sessions comprised various discussions on major issues, e.g., the ACA, HHS programs, the IHCIA, and the Indian Health Service (IHS) budget and priorities. Among the items asked for by Tribes during those sessions included the following:

- Direct funding for Tribal health programs.
- Technical assistance in writing grants.
- Direct contracting through Medicaid.
- A separate session to discuss Tribal-State issues.
- Set-aside grants for Tribes.
- Performance measures to ensure that Tribes are successful in programs.
- Education of Federal (region and central level) program staff on Tribal and Urban Indian programs.
- Clarity on regional versus central office authorities.
- Treatment of Tribes as sovereign nations rather than grantees.
- Funding to replicate the feasibility study that was done in Portland in California.

A more detailed account of the all the discussions of the HHS Region IX and Region VIII (Utah) Tribal Consultation are provided under separate cover in the *HHS Region IX and Region VIII (Utah) Tribal Consultation Summary Report*.

Before closing the consultation, Ms. Salazar, Mr. Melendez, and Mr. Shultz thanked the Tribal leaders, session moderators and facilitators, and other attendees for their participation. Ms. Salazar acknowledged the frustration expressed by Tribal leaders, commenting that it was shared. She asked for Tribes' understanding as the tough issues were worked through, noting that Tribal relations with the regions was important. Mr. Shultz stated that the ACA was "history making," as it held a lot of opportunities for Tribes. Both he and Ms. Salazar assured the Tribes that the issues raised during the consultation, e.g., Medicaid issues, HRSA funding, users versus encounters, behavioral/physical health, ideas for benefit plans, and TANF reauthorization, would be shared with the Secretary.

The meeting closed with a Tribal prayer.